

Boys/Girls Volleyball Camps

At Corona Del Sol High School
1001 E. Knox Rd. Tempe



Camp will be coached Janna Corbett Corona del Sol Varsity Girls Head Coach and Ben Maxfield, Varsity Girls Assistant Coach. They will be teaching winning strategies, blocking, serving and many more skills during camp.



Camp Fun Package!
For \$25 you can get a water bottle, sport bag, and a Volleyball.
Purchase at the Kiwanis Recreation Center Front Desk.

May 31-June 3	T-F	1-3:30 pm	Grade 6-7 (girl/boy)	Fee: \$80	KCGV-1C
May 31-June 3	T-F	3:30- 6 pm	Grade 8-9 (girls)	Fee: \$80	KCGV-2C
June 6-10	M-F	1-3 pm	Grade 6-7 (girl/boy)	Fee: \$80	KCGV-3C
June 6-10	M-F	3:30- 5:30 pm	Grade 8-9 (girls)	Fee :\$80	KCGV-4C
Competition Camp (girls only)					
Aug 1-5	M-F	1:30- 3:30 pm	Grade 9-11	Fee: \$80	KVCC-1C
Aug 1-5	M-F	4- 6 pm	Grade 9-11	Fee: \$80	KVCC-2C

Registration Form – Volleyball Camp 2005

(One registration form per participant.)

Name: _____
Last First MI

Address: _____ City: _____ Zip: _____

Grade Entering: _____ Date of Birth: _____ Age: _____ Email: _____

Parent or Contact Name: _____ Relationship: _____

Day Phone: _____ Evening Phone: _____

Registration Code(s): _____ Date(s): _____ Amt.: \$ _____

Shirt Size (circle) Youth S M L Adult S M L XL

Check# _____ (Make check payable to City of Tempe)

Visa/Mastercard/Discover/AMEX # _____ Exp. Date: _____

Signature: _____ (to authorize charge)

In consideration of accepting this event entry, I do hereby for and on behalf of myself, my heirs, and legal representatives release and forever discharge the City of Tempe and the Kiwanis Park Recreation Center, their officers, committees, representatives and their successors of every kind, nature, and character, from any claim which I may have or hereafter acquire for any and all damages, losses, or injuries which may be suffered or sustained by me in connection with my activities during the said event and all such claims are hereby waived and released and I covenant not to sue therefore. I understand that the City of Tempe does NOT carry accident insurance for this event and I am aware and agree to assume all risks associated with my participation. I will additionally permit the free use of my name and picture in broadcasts, telecasts, newspapers, brochures, web sites, etc. Falsification of any information on this registration form will result in suspension from the program. If I require certain accommodations to participate, I will note them below.

SIGNATURE _____ DATE _____
(Parent or Guardian if under 18)

Kiwanis Park Recreation Center 6111 S. All America Way, Tempe, AZ 85283 480-350-5201 480-350-5050 TDD
www.tempe.gov/pkrec/krc
Advance Registration is Required

